

<b>FORM B1</b> <b>United States Bankruptcy Court</b> <b>District of Idaho</b>		<b>Voluntary Petition</b>																
Name of Debtor (if individual, enter Last, First, Middle): <b>Fleming, Timothy K.</b>		Name of Joint Debtor (Spouse)(Last, First, Middle): <b>Fleming, Tonya J.</b>																
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																
Soc. Sec./Tax I.D. No. (if more than one, state all): <b>519-84-2233</b>		Soc. Sec./Tax I.D. No. (if more than one, state all): <b>569-49-4660</b>																
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>702 3rd Street West</b> <b>Twin Falls, ID 83301</b>		Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>702 3rd Street West</b> <b>Twin Falls, ID 83301</b>																
County of Residence or of the Principal Place of Business: <b>Twin Falls</b>		County of Residence or of the Principal Place of Business: <b>Twin Falls</b>																
Mailing Address of Debtor (if different from street address): <b>Same</b>		Mailing Address of Joint Debtor (if different from street address): <b>Same</b>																
Location of Principal Assets of Business Debtor (if different from street address above):																		
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>																		
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																		
<b>Type of Debtor (Check all boxes that apply)</b> <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____		<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)</b> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																
<b>Nature of Debts (Check one box)</b> <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business		<b>Filing Fee (Check one box)</b> <input checked="" type="checkbox"/> Full Filing Fee Attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																
<b>Chapter 11 Small Business (Check all boxes that apply)</b> <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																		
<b>Statistical/Administrative Information (Estimates only)</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		<b>THIS SPACE IS FOR COURT USE ONLY</b>  <div style="text-align: center;">             U.S. COURTS              DISTRICT OF IDAHO              CLERK, IDAHO              RECEIVED              02 FEB 27 2002 5:11 PM              CLERK OF U.S. COURT           </div>																
Estimated Number of Creditors 1-15      16-49      50-99      100-199      200-999      1000-over <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																		
Estimated Assets <table style="width: 100%; font-size: small;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Estimated Debts <table style="width: 100%; font-size: small;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

ORIGINAL

Sam Hopkins  
 POB 3014  
 Pocatello, ID 83206

JIM D. PAPPAS

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Timothy K. Fleming</b> <b>Tonya J. Fleming</b>		FORM B1, Page 2
<b>Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)</b>				
Location Where Filed: <b>None</b>		Case Number:		Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)</b>				
Name of Debtor: <b>None</b>		Case Number:		Date Filed:
District:		Relationship:		Judge:
<b>Signatures</b>				
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.		<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.		
<input checked="" type="checkbox"/> <u><i>[Signature]</i></u> Signature of Debtor		<input checked="" type="checkbox"/> <b>Not Applicable</b>		
<input checked="" type="checkbox"/> <u><i>Tonya J. Fleming</i></u> Signature of Joint Debtor		Signature of Authorized Individual		
Telephone Number (If not represented by attorney)		Printed Name of Authorized Individual		
Date		Title of Authorized Individual		
<input checked="" type="checkbox"/> <u><i>A. Elizabeth Burr-Jones</i></u> Signature of Attorney for Debtor(s)		<b>Signature of Non-Attorney Petition Preparer</b> I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.		
<b>A. Elizabeth Burr-Jones, 4564</b> Printed Name of Attorney for Debtor(s) / Bar No.		<b>Not Applicable</b>		
<b>Jensen &amp; Burr-Jones</b> Firm Name		Printed Name of Bankruptcy Petition Preparer		
<b>1426 Oakley Ave. P.O. Box 267</b> Address		Social Security Number		
<b>Burley, Idaho 83318</b> Telephone Number		Address		
<b>(208) 677-3155 (fax) (208) 677-408</b> Telephone Number		Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:		
Date		If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.		
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<input checked="" type="checkbox"/> <b>Not Applicable</b>		
<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.		Signature of Bankruptcy Petition Preparer		
<input checked="" type="checkbox"/> <u><i>A. Elizabeth Burr-Jones</i></u> Signature of Attorney for Debtor(s)		Date		
Date		A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.		

UNITED STATES BANKRUPTCY COURT  
District of Idaho

In re: **Timothy K. Fleming**  
**519-84-2233**

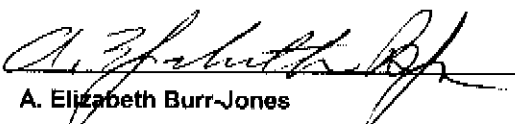
**Tonya J. Fleming**  
**569-49-4660**


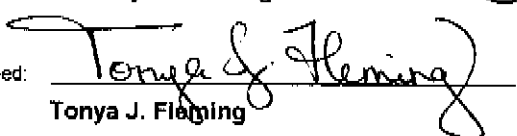
Case No. \_\_\_\_\_  
Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 6 sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: 2/25/02

Signed:   
**A. Elizabeth Burr-Jones**  
Bar No. **4564**

Signed:   
**Timothy K. Fleming**  
Signed:   
**Tonya J. Fleming**

In re: Timothy K. FlemingTonya J. Fleming

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE A - REAL PROPERTY**

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Total				0.00

(Report also on Summary of Schedules.)

In re **Timothy K. Fleming**

**Tonya J. Fleming**

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Child's Furniture	C	100.00
		Couch	C	50.00
		Crystal	C	50.00
		Dining Set	C	75.00
		Dishwasher	C	50.00
		Dresser	C	35.00
		End Table (large)	C	15.00
		End Tables (2)	C	20.00
		Microwave w/Stand	C	50.00
		Midgette Table	C	15.00
		Miscellaneous Kitchenware	C	40.00
		Miscellaneous Tools	C	75.00
		Office Equipment	C	1,000.00
		Paasonic Television	C	35.00
		Phone	C	15.00
		Queen Bed	C	75.00
		Refrigerator	C	50.00
		Rocker	C	35.00
		Silverware Set	C	50.00

In re **Timothy K. Fleming****Tonya J. Fleming**

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Stair Master</b>	C	<b>75.00</b>
		<b>Stereo</b>	C	<b>25.00</b>
		<b>Stereo</b>	C	<b>25.00</b>
		<b>Stoneware</b>	C	<b>35.00</b>
		<b>Stove</b>	C	<b>75.00</b>
		<b>Television/VCR</b>	C	<b>75.00</b>
		<b>Treadmill</b>	C	<b>75.00</b>
		<b>Vacuum Cleaner</b>	C	<b>50.00</b>
		<b>VCR</b>	C	<b>20.00</b>
		<b>Wall Hangings</b>	C	<b>25.00</b>
		<b>Washer/Dryer</b>	C	<b>75.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<b>Miscellaneous Clothing</b>	C	<b>100.00</b>
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

In re Timothy K. FlemingTonya J. Fleming

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
13. Interests in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		1986 Jeep Cherokee	C	900.00
		1991 Mazda Pickup	C	2,000.00
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			

In re Timothy K. Fleming

Debtor

Tonya J. Fleming

Case No. \_\_\_\_\_

(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
27. Machinery, fixtures, equipment and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed. Itemize.	X			
<u>3</u> continuation sheets attached			Total	<b>\$ 5,390.00</b>

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)



In re **Timothy K. Fleming**

**Tonya J. Fleming**

Case No. \_\_\_\_\_

Debtor.

(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemption to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. § 522(b)(1) Exemptions provided in 11 U.S.C. § 522(d). **Note: These exemptions are available only in certain states.**

☒ 11 U.S.C. § 522(b)(2) Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY, WITHOUT DEDUCTING EXEMPTIONS
1986 Jeep Cherokee	IC § 11-605(3)	900.00	900.00
1991 Mazda Pickup	IC § 11-605(3)	2,000.00	2,000.00
Child's Furniture	IC § 11-605(1)	100.00	100.00
Couch	IC § 11-605(1)	50.00	50.00
Crystal	IC § 11-605(1)	50.00	50.00
Dining Set	IC § 11-605(1)	75.00	75.00
Dishwasher	IC § 11-605(1)	50.00	50.00
Dresser	IC § 11-605(1)	35.00	35.00
End Table (large)	IC § 11-605(1)	15.00	15.00
End Tables (2)	IC § 11-605(1)	20.00	20.00
Microwave w/Stand	IC § 11-605(1)	50.00	50.00
Midgette Table	IC § 11-605(1)	15.00	15.00
Miscellaneous Clothing	IC § 11-605(1)	100.00	100.00
Miscellaneous Kitchenware	IC § 11-605(1)	40.00	40.00
Miscellaneous Tools	IC § 11-605(1)	75.00	75.00
Office Equipment	IC § 11-605(1)	1,000.00	1,000.00
Paasonic Television	IC § 11-605(1)	35.00	35.00
Phone	IC § 11-605(1)	15.00	15.00
Queen Bed	IC § 11-605(1)	75.00	75.00
Refrigerator	IC § 11-605(1)	50.00	50.00
Rocker	IC § 11-605(1)	35.00	35.00
Silverware Set	IC § 11-605(1)	50.00	50.00
Stair Master	IC § 11-605(1)	75.00	75.00
Stereo	IC § 11-605(1)	25.00	25.00
Stoneware	IC § 11-605(1)	35.00	35.00

In re Timothy K. Fleming Tonya J. Fleming Case No. \_\_\_\_\_  
Debtor. (If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY, WITHOUT DEDUCTING EXEMPTIONS
<b>Stove</b>	<b>IC § 11-605(1)</b>	<b>75.00</b>	<b>75.00</b>
<b>Television/VCR</b>	<b>IC § 11-605(1)</b>	<b>75.00</b>	<b>75.00</b>
<b>Treadmill</b>	<b>IC § 11-605(1)</b>	<b>75.00</b>	<b>75.00</b>
<b>Vacuum Cleaner</b>	<b>IC § 11-605(1)</b>	<b>50.00</b>	<b>50.00</b>
<b>VCR</b>	<b>IC § 11-605(1)</b>	<b>20.00</b>	<b>20.00</b>
<b>Wall Hangings</b>	<b>IC § 11-605(1)</b>	<b>25.00</b>	<b>25.00</b>
<b>Washer/Dryer</b>	<b>IC § 11-605(1)</b>	<b>75.00</b>	<b>75.00</b>

UNITED STATES BANKRUPTCY COURT  
District of Idaho

In re: **Timothy K. Fleming**  
**519-84-2233**

**Tonya J. Fleming**  
**569-49-4660**

Case No. \_\_\_\_\_  
Chapter 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. I intend to do the following with respect to the property of the estate which secures those consumer debts:

a. *Property To Be Surrendered.*

Description of Property

Creditor's Name

1. **1999 Champion 56(L) X 27(W) Manufactured Home**  
**Serial No. 169956607257AB**  
**Together with lot located at**  
**344 South 300 East**  
**Jerome, Idaho**

**Conseco Finance Servicing Corp.**

**TOWNSHIP 9 SOUTH, RANGE 17, EAST OF THE  
BOISE MERIDIAN, JEROME COUNTY, IDAHO**

b. *Property To Be Retained.*

*[Check any applicable statement.]*

Description of Property	Creditor's Name	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)	Other
1. Computer Equipment	D. L. Evans Bank	X			

Date: \_\_\_\_\_

Date: \_\_\_\_\_

  
Signature of Debtor

Signature of Joint Debtor

In re: **Timothy K. Fleming****Tonya J. Fleming**

Case No. \_\_\_\_\_

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>Unknown</b> <b>Conseco Finance Servicing Corp.</b> <b>P.O. Box 79021</b> <b>City of Industry, CA 91716-9021</b>	<b>C</b>	<b>04/08/99</b> <b>Deed of Trust</b> <b>1999 Champion 56(L) X 27(W)</b> <b>Manufactured Home</b> <b>Serial No. 169956607257AB</b> <b>Together with lot located at</b> <b>344 South 300 East</b> <b>Jerome, Idaho</b>  <b>TOWNSHIP 9 SOUTH, RANGE 17,</b> <b>EAST OF THE BOISE MERIDIAN,</b> <b>JEROME COUNTY, IDAHO</b>  <b>VALUE \$75,000.00</b>		<b>X</b>		<b>99,950.90</b>	<b>24,950.90</b>
ACCOUNT NO. <b>1465403352</b> <b>D. L. Evans Bank</b> <b>P.O. Box 1188</b> <b>Burley, ID 83318</b>  <b>David Shirley</b> <b>Parsons, Smith &amp; Stone</b> <b>P.O. Box 910</b> <b>Burley, ID 83318</b>		<b>7/13/98</b> <b>Security Agreement</b> <b>Computer Equipment</b>  <b>VALUE \$1,000.00</b>		<b>X</b>		<b>1,590.76</b>	<b>590.76</b>

☐ Continuation sheets attached

Subtotal  
(Total of this page)  
Total  
(Use only on last page)

**\$101,541.66****\$101,541.66**

(Report total also on Summary of Schedules)

In re: **Timothy K. Fleming**

Debtor

**Tonya J. Fleming**

Case No. \_\_\_\_\_

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,650\* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,650\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,100\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Other Priority Debts**

\* Amounts are subject to adjustment on April 1, 2004, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re: Timothy K. Fleming Debtor Tonya J. Fleming Case No. \_\_\_\_\_  
(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Type of Priority: Taxes and Certain Other Debts Owed to Governmental Units

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
ACCOUNT NO. <b>RP09S17E033645A</b> <b>Jerome County Tax Collector</b> <b>300 N Lincoln, Suite 209</b> <b>Jerome, ID 83338</b>	<b>C</b>	<b>12/01/01</b> <b>Property Taxes</b>		<b>X</b>		<b>568.22</b>	<b>568.22</b>

Subtotal (Total of this page)	>	<b>\$568.22</b>
Total (Use only on last page of the completed Schedule E.)	>	<b>\$568.22</b>

In re: **Timothy K. Fleming****Tonya J. Fleming**

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	DEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1885807-210</b>  <b>Action Collection Service</b> <b>365 Yellowstone Avenue</b> <b>Pocatello, ID 83205</b>  <b>Twin Falls Clinic</b> <b>660 Shoshone East</b> <b>Twin Falls, ID 83303</b>	<b>C</b>	<b>01/15/01</b> <b>Medical Services</b>		<b>X</b>		<b>322.50</b>
ACCOUNT NO. <b>13597</b>  <b>Ark Animal Hospital</b> <b>750 21st Street</b> <b>Heyburn, ID 83336</b>	<b>C</b>	<b>10/15/00</b> <b>Veterinary Services</b>		<b>X</b>		<b>377.97</b>
ACCOUNT NO. <b>4888603100657840</b>  <b>Bank of America</b> <b>C/O Frederick J. Hanna</b> <b>2160 Kingston Court</b> <b>Kingston Business Ctr, Ste O</b> <b>Marietta, GA 30067</b>	<b>C</b>	<b>01/15/01</b> <b>Household Goods and Services</b>		<b>X</b>		<b>8,901.02</b>
ACCOUNT NO. <b>5291071521976694</b>  <b>Capital One</b> <b>P.O. Box 60000</b> <b>Seattle, WA 98190-6000</b>	<b>C</b>	<b>01/15/01</b> <b>Household Goods and Services</b>		<b>X</b>		<b>455.54</b>
ACCOUNT NO. <b>2573</b>  <b>Challis Area Health Center</b> <b>P.O. Box 980</b> <b>Challis ID 83226</b>	<b>C</b>	<b>06/08/01</b> <b>Medical Services</b>		<b>X</b>		<b>315.00</b>

10 Continuation sheets attached

Subtotal

Total

**\$10,372.03**

In re: **Timothy K. Fleming**

**Tonya J. Fleming**

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7947</b>  <b>Charles Cutler, M.D.</b> <b>630 Addison Avenue West, Ste. 220</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>01/01/01</b>  <b>Medical Services</b>		<b>X</b>		<b>106.00</b>
ACCOUNT NO. <b>2-182</b>  <b>City of Challis</b> <b>P.O. Box 587</b> <b>Challis, ID 83226</b>	<b>C</b>	<b>06/01/01</b>  <b>Water Services</b>		<b>X</b>		<b>50.00</b>
ACCOUNT NO. <b>GM584021257</b>  <b>Conseco Agency, Inc</b> <b>345 St Peter Street</b> <b>7th Floor</b> <b>St Paul, MN 55102</b>	<b>C</b>	<b>05/01/01</b>  <b>Insurance</b>		<b>X</b>		<b>366.00</b>
ACCOUNT NO. <b>584021257</b>  <b>Conseco Finance</b> <b>P.O. Box 79021</b> <b>City of Industry, CA 91716-9021</b>	<b>C</b>	<b>4/13/99</b>  <b>Unsecured Portion of Mortgage</b>		<b>X</b>		<b>24,950.90</b>
ACCOUNT NO. <b>4309241</b>  <b>Creditor's Interchange</b> <b>P.O. Box 1335</b> <b>Buffalo, NY 14240-1335</b>  <b>First USA Bank</b> <b>C/O Creditor's Exchange</b> <b>P.O. Box 1335</b> <b>Buffalo, NY 14240-1335</b>	<b>C</b>	<b>03/30/01</b>  <b>Household Goods and Services</b>		<b>X</b>		<b>3,264.14</b>

Sheet no. 1 of 10 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
Claims

Subtotal  
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

**\$28,737.04**



In re: **Timothy K. Fleming**

**Tonya J. Fleming**

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CREDITOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5268</b>  <b>Custer Telephone Cooperative</b> <b>P.O. Box 324</b> <b>Challis, ID 83226</b>	<b>C</b>	<b>01/01/01</b>  <b>Services</b>		<b>X</b>		<b>99.10</b>
ACCOUNT NO. <b>1465403352</b>  <b>D. L. Evans Bank</b> <b>P.O. Box 1188</b> <b>Burley, ID 83318</b>	<b>C</b>	<b>12/01/00</b>  <b>Office Equipment</b>		<b>X</b>		<b>1,577.35</b>
ACCOUNT NO. <b>5458004544063769</b>  <b>Direct Merchants Bank</b> <b>Payment Center</b> <b>P.O. Box 60142</b> <b>Cit of Ind, CA 91716-0142</b>	<b>C</b>	<b>01/15/01</b>  <b>Household Goods and Services</b>		<b>X</b>		<b>990.70</b>
ACCOUNT NO. <b>020788370</b>  <b>Direct TV</b> <b>P.O. Box 78626</b> <b>Phoenix, AZ 85062-8626</b>  <b>US West</b> <b>C/O Accent Service</b> <b>7171 Mercy Rd, Ste 150</b> <b>Omaha, NE 68106-2626</b>	<b>C</b>	<b>07/01/01</b>  <b>Services</b>		<b>X</b>		<b>108.27</b>
ACCOUNT NO. <b>446</b>  <b>Donald P. Workman, MD</b> <b>496 D Shoup Avenue West</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>2/20/01</b>  <b>Medical Service</b>		<b>X</b>		<b>3,053.00</b>

Sheet no. **2** of **10** continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
Claims

Subtotal  
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

**\$5,828.42**

In re: **Timothy K. Fleming**

**Tonya J. Fleming**

Case No. \_\_\_\_\_

Debtor

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	DEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1714082</b>  <b>ER Solutions</b> <b>P.O. Box 9004</b> <b>Renton, WA 98057</b>  <b>Bank of America</b> <b>C/O ER Solutions</b> <b>P.O. Box 9004</b> <b>Renton, WA 98057</b>	<b>C</b>	<b>01/15/01</b>  <b>Household Goods and Services</b>		<b>X</b>		<b>9,852.56</b>
ACCOUNT NO. <b>87932415268</b>  <b>First USA</b> <b>P.O. Box 324</b> <b>Challis, ID 83226</b>	<b>C</b>	<b>07/15/01</b>  <b>Services</b>		<b>X</b>		<b>99.10</b>
ACCOUNT NO. <b>Unknown</b>  <b>First USA</b> <b>C/O Creditor's Interchange</b> <b>P.O. Box 1335</b> <b>Buffalo, NY 14240-1335</b>	<b>C</b>	<b>01/01/01</b>  <b>Household Goods and Services</b>		<b>X</b>		<b>3,264.14</b>
ACCOUNT NO. <b>0706872275</b>  <b>Idaho Power</b> <b>P.O. Box 30</b> <b>Boise, ID 83721</b>	<b>C</b>	<b>05/15/01</b>  <b>Electrical Services</b>		<b>X</b>		<b>363.88</b>
ACCOUNT NO. <b>74L40X4072</b>  <b>JC Penney Life Insurance Co.</b> <b>2700 West Plano Parkway</b> <b>Plano, TX 75075-8200</b>	<b>C</b>	<b>5/01/01</b>  <b>Insurance</b>		<b>X</b>		<b>140.27</b>

Sheet no. 3 of 10 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
Claims

Subtotal  
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

**\$13,719.95**

In re: **Timothy K. Fleming**

Debtor

**Tonya J. Fleming**

Case No. \_\_\_\_\_

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CREDITOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>003907</b>  <b>Magic Valley Collections</b> <b>704 2nd Avenue North</b> <b>Twin Falls, ID 83301-5798</b>  <b>St. Benedict's</b> <b>P.O. Box 586</b> <b>Jerome, ID 83338</b>	<b>C</b>	<b>01/15/01</b>  <b>Medical Services</b>		<b>X</b>		<b>31.59</b>
ACCOUNT NO. <b>F0009578063</b>  <b>Magic Valley Regional Medical Cente</b> <b>P.O. Box 409</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>01/15/01</b>  <b>Medical Services</b>		<b>X</b>		<b>37.73</b>
ACCOUNT NO. <b>F0009797960</b>  <b>Magic Valley Regional Medical Cente</b> <b>P.O. Box 409</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>03/15/01</b>  <b>Medical Services</b>		<b>X</b>		<b>158.00</b>
ACCOUNT NO. <b>F0009844861</b>  <b>Magic Valley Regional Medical Cente</b> <b>P.O. Box 409</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>07/15/01</b>  <b>Medical Services</b>		<b>X</b>		<b>37.25</b>
ACCOUNT NO. <b>F0010034192</b>  <b>Magic Valley Regional Medical Cente</b> <b>P.O. Box 409</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>10/31/01</b>  <b>Medical Services</b>		<b>X</b>		<b>137.00</b>

Sheet no. 4 of 10 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

**\$401.57**

In re: **Timothy K. Fleming**

Debtor

**Tonya J. Fleming**

Case No. \_\_\_\_\_

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>F0009212812</b>  <b>Magic Valley Regional Medical Cente</b> <b>P.O. Box 409</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>04/25/01</b>  <b>Medical Expenses</b>		<b>X</b>		<b>122.31</b>
ACCOUNT NO. <b>F0008848491</b>  <b>Magic Valley Regional Medical Cente</b> <b>P.O. Box 409</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>4/26/01</b>  <b>Medical Expenses</b>		<b>X</b>		<b>930.00</b>
ACCOUNT NO. <b>F0009896523</b>  <b>Magic Valley Regional Medical Cente</b> <b>P.O. Box 409</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>10/09/01</b>  <b>Medical Services</b>		<b>X</b>		<b>0.55</b>
ACCOUNT NO. <b>015289</b>  <b>Magic Valley Surgery Center</b> <b>630 Addison Ave West #230</b> <b>Twin Falls, ID 83301</b>  <b>Idaho Collection Bureau</b> <b>P.O. Box 576</b> <b>Twin Falls, ID 83303</b>	<b>C</b>	<b>12/22/00</b>  <b>Medical Services</b>				<b>159.43</b>
ACCOUNT NO. <b>3788</b>  <b>Mark McKain, M.D.</b> <b>253 Martin Street</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>12/01/00</b>  <b>Medical Services</b>		<b>X</b>		<b>360.00</b>

Sheet no. 5 of 10 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

**\$1,572.29**

In re: **Timothy K. Fleming**

**Tonya J. Fleming**

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	DEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>F89754</b>  <b>McLeod USA</b> <b>C/O Consumer Adjustment Co.</b> <b>12855 Tesson Ferry Rd., #200</b> <b>St. Louis, MO 63128</b>	<b>C</b>	<b>03/01/01</b>  <b>Services</b>		<b>X</b>		<b>63.54</b>
ACCOUNT NO. <b>10741</b>  <b>Michael P. Klett, M.D.</b> <b>1501 Highland Avenue, Ste A</b> <b>Burley, ID 83318</b>	<b>C</b>	<b>1/29/01</b>  <b>Medical Services</b>		<b>X</b>		<b>92.56</b>
ACCOUNT NO. <b>2874</b>  <b>Northside Canal</b> <b>921 N Lincoln</b> <b>Jerome, ID 83338</b>	<b>C</b>	<b>04/01/01</b>  <b>Water Service</b>		<b>X</b>		<b>210.40</b>
ACCOUNT NO. <b>519-84-2233</b>  <b>Open MRI</b> <b>P.O. Box 2933</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>1/09/01</b>  <b>Medical Services</b>		<b>X</b>		<b>3,048.00</b>
ACCOUNT NO. <b>Mr00004572</b>  <b>Open MRI Associates</b> <b>P.O. Box 2933</b> <b>Twin Falls, ID 83303</b>	<b>C</b>	<b>03/01/01</b>  <b>Medical Services</b>		<b>X</b>		<b>1,950.00</b>

Sheet no. **6** of **10** continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

**\$5,364.50**

In re: **Timothy K. Fleming**

Debtor

**Tonya J. Fleming**

Case No. \_\_\_\_\_

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>890987868</b>  <b>Oregon Mutual Group</b> <b>P.O. Box 7500</b> <b>McMinnville, OR 97128-7500</b>  <b>Johnson &amp; Rountree</b> <b>P.O. Box 2625</b> <b>Del Mar, CA 92014</b>	<b>J</b>	<b>5/23/01</b>  <b>Insurance Coverage</b>		<b>X</b>		<b>152.26</b>
ACCOUNT NO. <b>519-84-2233</b>  <b>Physician Center</b> <b>630 Addison Avenue, Suite 100</b> <b>Twin Falls, ID 83301-5444</b>	<b>C</b>	<b>11/30/99</b>  <b>Medical Services</b>		<b>X</b>		<b>807.31</b>
ACCOUNT NO. <b>177-0322735 S</b>  <b>PSI Twin Falls</b> <b>P.O. Box 78321</b> <b>Phoenix, AZ 85062-8321</b>	<b>C</b>	<b>05/15/01</b>  <b>Goods and Services</b>		<b>X</b>		<b>62.69</b>
ACCOUNT NO. <b>31935</b>  <b>PSI Waste Systems</b> <b>P.O. Box 2399</b> <b>Twin Falls, ID 83303</b>	<b>C</b>	<b>08/09/00</b>  <b>Services</b>		<b>X</b>		<b>410.84</b>
ACCOUNT NO. <b>569-49-4660</b>  <b>Ronald F. Miciak, M.D.</b> <b>570 Shoup Avenue West</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>9/05/01</b>  <b>Medical Services</b>		<b>X</b>		<b>179.00</b>

Sheet no. **7** of **10** continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority  
Claims

Subtotal  
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

**\$1,612.10**

In re: **Timothy K. Fleming**

**Tonya J. Fleming**

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1834030</b>  <b>Southern Idaho Radiology</b> <b>1245 Lynwood Mall</b> <b>Twin Falls, ID 83303</b>  <b>Action Collection</b> <b>1325 Vista Avenue</b> <b>Boise, ID 83705</b>	<b>C</b>	<b>01/01/01</b>  <b>Medical Services</b>		<b>X</b>		<b>69.50</b>
ACCOUNT NO. <b>21837</b>  <b>Southern Idaho Radiology</b> <b>1245 Lynwood Mall</b> <b>Twin Falls, ID 83303</b>	<b>C</b>	<b>01/01/01</b>  <b>Medical Services</b>		<b>X</b>		<b>47.54</b>
ACCOUNT NO. <b>1834026</b>  <b>Southern Idaho Radiology</b> <b>1245 Lynwood Mall</b> <b>Twin Falls, ID 83303</b>  <b>Action Collection</b> <b>1325 Vista Avenue</b> <b>Boise, ID 83705</b>	<b>C</b>	<b>01/01/01</b>  <b>Medical Services</b>		<b>X</b>		<b>64.50</b>
ACCOUNT NO. <b>B0105900071</b>  <b>St Benedicts</b> <b>P.O. Box 586</b> <b>Jerome, ID 83338</b>	<b>C</b>	<b>02/28/01</b>  <b>Medical Services</b>		<b>X</b>		<b>31.53</b>
ACCOUNT NO. <b>22532204</b>  <b>St. Luke's Regional Medical Center</b> <b>190 East Bannock</b> <b>Boise, ID 83712</b>	<b>C</b>	<b>6/01/01</b>  <b>Medical Services</b>		<b>X</b>		<b>606.40</b>

Sheet no. **8** of **10** continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

**\$819.47**

In re: **Timothy K. Fleming**

Debtor

**Tonya J. Fleming**

Case No. \_\_\_\_\_

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CREDITOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>174437-69301</b>  <b>Statewide Collections</b> <b>P.O. Box 782</b> <b>Twin Falls, ID 83303-0782</b>  <b>Teton Wireless TV</b> <b>C/O Statewide Collections</b> <b>P.O. Box 782</b> <b>Twin Falls, ID 83303</b>	<b>C</b>	<b>01/15/01</b>  <b>Cable Service</b>		<b>X</b>		<b>145.89</b>
ACCOUNT NO. <b>05-17797</b>  <b>Teton Wireless</b> <b>P.O. Box 5099</b> <b>Twin Falls, ID 83303</b>	<b>C</b>	<b>2/21/01</b>  <b>Household Services</b>		<b>X</b>		<b>80.94</b>
ACCOUNT NO. <b>None</b>  <b>Twin Falls Clinic and Hospital</b> <b>660 Shoshone Street East</b> <b>Twin Falls, ID 83301</b>  <b>Action Collection Service</b> <b>P.O. Box K</b> <b>Twin Falls, ID 83301</b>	<b>C</b>	<b>03/01/01</b>  <b>Medical Services</b>		<b>X</b>		<b>322.61</b>
ACCOUNT NO. <b>4313 0273 3231 5230</b>  <b>Union Planters Visa</b> <b>P.O. Box 15137</b> <b>Wilmington, DE 19885-5137</b>	<b>C</b>	<b>01/01/01</b>  <b>Household Goods and Services</b>		<b>X</b>		<b>300.27</b>



In re: **Timothy K. Fleming**

**Tonya J. Fleming**

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>269 819</b>  <b>United Coop, Inc.</b> <b>P.O. Box 365</b> <b>Rupert, ID 83350</b>	<b>C</b>	<b>03/01/01</b>  <b>Household Services</b>		<b>X</b>		<b>702.04</b>
ACCOUNT NO. <b>Unknown</b>  <b>Verizon</b> <b>P.O. Box 78434</b> <b>Phoenix, AZ</b>	<b>C</b>	<b>03/01/01</b>  <b>Services</b>		<b>X</b>		<b>520.33</b>
ACCOUNT NO. <b>00437071</b>  <b>Washington Mutual Finance</b> <b>1426 Overland Avenue</b> <b>Burley, ID 83318</b>	<b>C</b>	<b>04/15/01</b>  <b>Goods and Services</b>		<b>X</b>		<b>3,612.00</b>
ACCOUNT NO. <b>16756400000468517</b>  <b>Wells Fargo</b> <b>Loss Recovery Center</b> <b>P.O. Box 30095</b> <b>Walnut Creek, CA 94598</b>  <b>NCO Financial Systems</b> <b>P.O. Box 41457</b> <b>Philadelphia, PA 19101</b>	<b>C</b>	<b>01/15/01</b>  <b>Consumer Services</b>		<b>X</b>		<b>2,085.85</b>

Sheet no. 10 of 10 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

<b>\$6,920.22</b>
<b>\$76,197.30</b>

(Report also on Summary of Schedules)

In re: Timothy K. FlemingTonya J. Fleming

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re: Timothy K. Fleming Tonya J. Fleming Case No. \_\_\_\_\_  
Debtor (If known)

## SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

Debtor's Marital Status: <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE		
Debtor's Age: <b>42</b>	NAMES	AGE	RELATIONSHIP
Spouse's Age: <b>35</b>	<b>Jasen Fleming</b>	<b>4</b>	<b>Son</b>
EMPLOYMENT:	DEBTOR	SPOUSE	
Occupation	<b>Contractor</b>	<b>None</b>	
Name of Employer	<b>Self-Employed</b>	<b>n/a</b>	
How long employed	<b>15 years</b>	<b>n/a</b>	
Address of Employer			

Income: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions  
(pro rate if not paid monthly.)

Estimated monthly overtime

SUBTOTAL

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify) \_\_\_\_\_

SUBTOTAL OF PAYROLL DEDUCTIONS

TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm  
(attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the  
debtor's use or that of dependents listed above.Social security or other government assistance  
(Specify) **Social Security Disability**

Pension or retirement income

Other monthly income

(Specify) \_\_\_\_\_

TOTAL MONTHLY INCOME

TOTAL COMBINED MONTHLY INCOME

**\$ 1,650.00**

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following  
the filing of this document:**NONE**

In re Timothy K. Fleming Tonya J. Fleming Case No. \_\_\_\_\_  
Debtor (If known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>450.00</u>
Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Utilities Electricity and heating fuel	\$	<u>150.00</u>
Water and sewer	\$	<u>0.00</u>
Telephone	\$	<u>100.00</u>
Other <u>Cell Phone</u>	\$	<u>150.00</u>
Home maintenance (repairs and upkeep)	\$	<u>50.00</u>
Food	\$	<u>300.00</u>
Clothing	\$	<u>50.00</u>
Laundry and dry cleaning	\$	<u>25.00</u>
Medical and dental expenses	\$	<u>75.00</u>
Transportation (not including car payments)	\$	<u>350.00</u>
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>35.00</u>
Charitable contributions	\$	<u>10.00</u>
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$	<u>0.00</u>
Life	\$	<u>0.00</u>
Health	\$	<u>377.50</u>
Auto	\$	<u>75.00</u>
Other	\$	<u>0.00</u>
Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>Self-Employment Tax</u>	\$	<u>125.00</u>
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)		
Auto	\$	<u>0.00</u>
Other	\$	<u>0.00</u>
Alimony, maintenance or support paid to others	\$	<u>137.00</u>
Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
Other	\$	<u>0.00</u>

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)

\$ 2,459.50

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$	_____
B. Total projected monthly expenses	\$	_____
C. Excess income (A minus B)	\$	_____
D. Total amount to be paid into plan each _____	\$	_____
(interval)		

**United States Bankruptcy Court  
District of Idaho**

In re **Timothy K. Fleming**

**Tonya J. Fleming**

Case No.

Chapter **7**

**SUMMARY OF SCHEDULES**

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	4	\$ 5,390.00		
C - Property Claimed as Exempt	YES	2			
D - Creditors Holding Secured Claims	YES	1		\$ 101,541.66	
E - Creditors Holding Unsecured Priority Claims	YES	2		\$ 568.22	
F - Creditors Holding Unsecured Nonpriority Claims	YES	11		\$ 76,197.30	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 1,650.00
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 2,459.50
Total Number of sheets in ALL Schedules >		25			
Total Assets >			\$ 5,390.00		
Total Liabilities >				\$ 178,307.18	

In re: **Timothy K. Fleming**  
**519-84-2233**

**Tonya J. Fleming**  
**569-49-4660**

Case No.

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **25** sheets plus the summary page, and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_

Signature

  
**Timothy K. Fleming**

Date: \_\_\_\_\_

Signature

  
**Tonya J. Fleming**

[If joint case, both spouses must sign]

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

# UNITED STATES BANKRUPTCY COURT

District of Idaho

In re: **Timothy K. Fleming**  
519-84-2233

**Tonya J. Fleming**  
569-49-4660

Case No. \_\_\_\_\_  
Chapter **7**

## STATEMENT OF FINANCIAL AFFAIRS

### 1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
35,000.00	Self-Employment	1999
35,000.00	Self-Employment	2000

### 2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
7,800.00	Social Security Disability	1999
7,800.00	Social Security Disability	2000

### 3. Payments to creditors

None ☒

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
D.L. Evans Bank vs. Tim Fleming CV 01-00044*M	Collection	Minidoka County Court P.O. Box 368 Rupert, ID 83350	Default Judgment

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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#### 5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Conseco Finance 345 St Peter Street 7th Floor St Paul, MN 55102	9/10/01	1999 Champion 56x27 Manufactured Home Serial No. 169956607257AB and Lot located at 344 South 300 East, Jerome, Idaho.  TOWNSHIP 9 SOUTH, RANGE 17, EAST OF THE BOISE MERIDIAN, JEROME COUNTY, IDAHO
First Security Bank P.O. Box 37 Boise, ID 83707	2/16/01	1989 Toyota Camry JT2SV21WVK0153590

#### 6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF ASSIGNEE

DATE OF  
ASSIGNMENT

TERMS OF  
ASSIGNMENT  
OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None  
☒

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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## 7. Gifts

None  
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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## 8. Losses

None  
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case or **since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	--	-----------------

## 9. Payments related to debt counseling or bankruptcy

None  
☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
A. Elizabeth Burr-Jones P.O. Box 267 Burley, ID 83318	11/01/01	500.00
Darren J. Guthrie P.O. Box 85 Jerome, ID 83338	06/01/01	750.00

## 10. Other transfers

None  
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,  
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY  
TRANSFERRED  
AND VALUE RECEIVED

## 11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF INSTITUTION

TYPE AND NUMBER  
OF ACCOUNT AND  
AMOUNT OF FINAL BALANCE

AMOUNT AND  
DATE OF SALE  
OR CLOSING

## 12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF BANK OR  
OTHER DEPOSITORY

NAMES AND ADDRESSES  
OF THOSE WITH ACCESS  
TO BOX OR DEPOSITORY

DESCRIPTION  
OF  
CONTENTS

DATE OF TRANSFER  
OR SURRENDER,  
IF ANY

## 13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF  
SETOFF

AMOUNT OF  
SETOFF

## 14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS  
OF OWNER

DESCRIPTION AND VALUE  
OF PROPERTY

LOCATION OF PROPERTY

---

**15. Prior address of debtor**

None



If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

344 South 300 East  
Jerome, ID 83338

Timothy K. Fleming

4/08/99-8/15/01

---

**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory ( including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

---

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None

SITE NAME AND  
ADDRESSNAME AND ADDRESS  
OF GOVERNMENTAL UNITDATE OF  
NOTICEENVIRONMENTAL  
LAW

---

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

SITE NAME AND  
ADDRESSNAME AND ADDRESS  
OF GOVERNMENTAL UNITDATE OF  
NOTICEENVIRONMENTAL  
LAW

---

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None

NAME AND ADDRESS  
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR  
DISPOSITION

## 18. Nature, location and name of business

None  
☐

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NUMBER	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Timothy K. Fleming	519-84-2233	702 3rd Street West Twin Falls, ID 83301	Contractor	1986 Present

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None  
☒

NAME	ADDRESS
------	---------

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None  
☒

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None  
☒

NAME	ADDRESS
------	---------

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

None  
☒

NAME AND ADDRESS	DATE ISSUED
------------------	-------------

## 20. Inventories

None  
☒

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

None



DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN  
OF INVENTORY RECORDS

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation.

None



NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

## 22. Former partners, officers, directors and shareholders

None



a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

None



NAME AND ADDRESS

TITLE

DATE OF TERMINATION

## 23. Withdrawals from a partnership or distributions by a corporation

None



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during immediately preceding the commencement of this case.

NAME & ADDRESS  
OF RECIPIENT,  
RELATIONSHIP TO DEBTOR

DATE AND PURPOSE  
OF WITHDRAWAL

AMOUNT OF MONEY  
OR DESCRIPTION  
AND VALUE OF PROPERTY

## 24. Tax Consolidation Group.

None



If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER

## 25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER

Persi

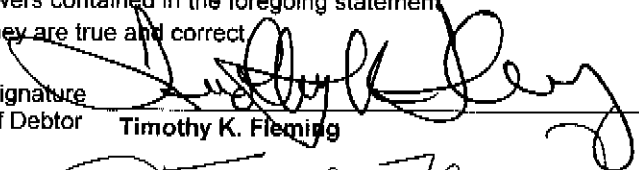
569-49-4660

*[if completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date \_\_\_\_\_

Signature  
of Debtor

  
Timothy K. Fleming

Date \_\_\_\_\_

Signature  
of Joint  
Debtor

  
Tonya J. Fleming